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### Bacteriological profile of street vended food

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**Background:** Street foods are tasty, have a local flavour and comparatively cheap. They provide with accessible source of food to all classes of people and maintain the food supply chain of different populations. Globalization, tourism and growth in population have instigated rapid change in food demands, increasing the necessity of public awareness towards the safety of street vended food. The outbreaks of food and waterborne diseases remain as a threat in many parts of the world with microbiological contamination being one of the major reasons leading to infections, serious disorders and long term complications.

**Objectives:** To study the bacteriological profile of street vended food and to elicit the hygienic habits adopted by street vendors and food handlers in selected areas of an urban city.

**Methods & Materials:** A cross sectional observational study was carried out after an approval from institutional ethics committee. Five busy areas of the city were selected by random method. Seventy food and water samples were collected from Platform vendors, Cart vendors and Hawkers. Preparation of food, storage, handling and distribution were documented. Standard methods were adopted for microbiological sampling, transportation, processing and Antibiotic sensitivity testing. A self-assessed questionnaire survey was carried out to evaluate the hygienic practices of the street vendors and all the data was analyzed statistically.

**Results:** Bacterial isolates such as, *Salmonella typhimurium*(1) and multi drug resistant bacterial isolates of *Shigella dysenteriae*(2), *Vibrio cholerae*(2), *Escherichia coli*(3) and *Staphylococcus aureus*(2) from different type of food samples more, from the food prepared by the vendors were isolated. Hygienic habits of the street vendors were far from satisfactory.

**Conclusion:** Environmental status in and around the vicinity, improper practices followed by the vendors and bacterial isolates from the food samples are likely to predispose or precipitate outbreaks of food-borne diseases. There is an urgent need for surveillance and active implementation of hygienic food preparation, handling and storage practices by the Local Health Authorities so as to protect the community from epidemics.

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### The impact of short educational messages in motivating community-dwelling seniors to receive influenza and pneumococcal vaccines



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**Background:** Influenza and pneumococcal vaccine uptake rates have been consistently low among community-dwelling seniors in Singapore. Our Institute set up a vaccination education booth at a community-based health event for seniors, with the aims of assessing the knowledge, attitudes, practices and behaviours (KAPBs) of seniors towards influenza and pneumococcal vaccines, and evaluating the effectiveness of short educational messages in motivating seniors to receive vaccination.

**Methods & Materials:** Participating staff were pre-briefed on a standardised process to engage seniors, consisting of three components: a short KAPB survey on influenza and pneumococcal vaccines; an educational brief providing basic information about the vaccines, including their purpose, cost and availability; and an invitation to receive vaccination at the senior's local healthcare provider. Results of our engagement were collated and analysed. Multiple logistic regression models were applied to determine factors associated with willingness to getting vaccinated.

**Results:** A total of 124 seniors were engaged. The median age was 70 years (IQR 63–76 years). Majority of seniors were female (83.9%) and of Chinese ethnicity (91.9%). 85 (68.5%) were aware of the existence of influenza vaccine, but only 36 (29.0%) had ever received it. 31 (25.0%) were aware of pneumococcal vaccine, but only 10 (8.1%) had ever received it. 72 (58.1%) seniors could state at least one health benefit of vaccination. Following our educational brief, 82 (66.1%) stated they would advise their friends to receive influenza and pneumococcal vaccines, and 86 (69.4%) stated willingness to receive vaccination. 55 (66.2%) out of 83 seniors aged ≥65 years had never received influenza or pneumococcal vaccine before, but 35 of them (63.6%) were willing to after our education brief. In seniors ≥65 years, being able to name at least one health benefit of vaccination was significantly associated with willingness to be vaccinated, after adjusting for gender and history of receiving vaccines (Adjusted OR = 3.26, 95%CI 1.20–8.85; p=0.02).

**Conclusion:** Short educational messages may serve as useful cues to action to motivate seniors to receive vaccination. This is especially among those with prior knowledge of the benefits of vaccination, where supplementary information (such as vaccination schedule, cost, and the means of accessing services) may facilitate vaccine uptake.

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